CLAIMS ONLY

Application Number: 097 5000

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1											
2		1										
3		1										
4	cancel											
5	cancel											
6	cancel											
7												
8		1										
9	1	1										
10		1										
11		1										
12		1										
13		1										
14		1										
15		1										
16		1										
17		1										
18	1											
19		1										
20	cancel											
21	1											
22	cancel											
23	cancel											
24		1										
25		1										
26		1										
27		1										
28		1										
29		1										
30		1										
31		1										
32		1										
33		1										
34	cancel											
35												
36												
37												
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45												
46												
47												
48												
49												
50												
Total Indep	3											
Total Depend	34											
Total Claims	37											

	Indep	Depend
51	cancel	
52		
53		
54		
55		
56		
57		1
58		1
59		1
60		1
61		1
62		1
63	1	
64		1
65		1
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100		
Total Indep		
Total Depend		
Total Claims		